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APPLICANTS									
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** CONTINUING DATA **********************************									
** FOREIGN APPLICATIONS ************************************									
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Foreign Priority claimed yes no 35 USC 119 (a-d) conditions yes no Met after met Allowance Verified and Acknowledged Examiner's Signature Initials				TATE OR OUNTRY HERLAND	DR			AL MS	INDEPENDENT CLAIMS 6
ADDRESS 24247 TRASK BRITT P.O. BOX 2550 SALT LAKE CITY 84110	Λ, UT	·							
TITLE At least partial prevention and/or reduction of cellular damage in tissue that has suffered from or is suffering from hypoxia and/or ischaemia and/or inflammation									
	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:				All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time)				